



# STATE OF ALASKA

## Americans with Disabilities Act Accommodation Request

### Department Review and Action Log

#### Employee's Supervisor

- Employee's current position description or list of essential functions attached. ☐
- Essential functions discussed with employee on (date):\_\_\_\_\_.
- Requested accommodation discussed with employee on (date):\_\_\_\_\_.
- Recommendation: ☐ Approve ☐ Deny ☐ Approve with Changes (explanation attached)

Supervisor Name (please print)

Work Telephone

Supervisor Signature

Date

#### Approving Authority (as designated by agency policy)

- Recommendation: ☐ Approve ☐ Deny

Name (please print)

Work Telephone

Signature

Date

#### Department ADA Coordinator

- Recommendation: ☐ Approve ☐ Deny

Name (please print)

Work Telephone

Signature

Date

#### Commissioner (if requested accommodation denied)

- Determination: ☐ Approve ☐ Deny

- Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (please print)

Work Telephone

Signature

Date